EXHIBIT 5

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

IN RE DEPAKOTE CASES:	)	
H.B., a minor, by STACY BARTOLINI, individually as parents and next friend of H.B.,	)	Case No. 12-cv-52-NJR-SCW
T.C., a minor, by KAYLA ROSE MCGUINNESS, individually as parent and next friend of T.C.,	)	Case No. 15-cv-702-NJR-SCW
E.R.G., a minor, by CHRISTINA RAQUEL, individually as parent and next friend of E.R.G.,	)	
PLAINTIFFS,	)	
VS.	)	
ABBOTT LABORATORIES, INC.,	)	
DEFENDANT.	)	

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VIDEOTAPED DEPOSITION OF
GODFREY P. OAKLEY, JR., M.D.
APRIL 26, 2016

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CONFIDENTIAL - SUBJECT TO FURTHER
CONFIDENTIALITY REVIEW

A. I'm not sure I have 159. Do I have 159?

Q. Well, let me -- let's take just a minute and see. Do we have a copy?

A. You think I have it. Okay. All right. Sorry. Yeah. Sorry. Thank you. That's 157 -- oh, it is 159. Sorry. Okay.

Q. Okay. I'm going to show you a dear doctor letter that Abbott sent out, 159, Exhibit 159, and also their label change at that same date. Do you have that exhibit in front of you, sir?

A. I do.

Q. And it talks about data collected in the Rhone Valley area of France. Is that Lyon, France that we've been talking about?

A. Yes.

Q. And it says there that the risk of valproic acid exposed women having children with spina bifida would be approximately 1.2 percent. And my question is: Did Abbott in that letter convey that that was a 2,060 percent increase?

A. They did not.

Q. And do you think that was important information that should have been included and conveyed to physicians?

MR. BALL: Object to the form and foundation.

A. Yes, I believe it should have been.

Q. (By Mr. Williams) And in the -- and they said that they've changed their label -- hang on just a second. Okay. Doctor, do you see that they changed their lata -- data, they sent out this letter and they changed their labels based upon a single preliminary report. That's the Lyon data. Correct?

A. Yeah.

Q. And if we look at the label, did they ever convey in the label the fact that it was a 2,060 increase in the rate of spina bifida?

A. I don't ever -- I don't see it here. If it's here, I'm happy to see it, but the part that looks like it should be I don't see.

Q. Okay. Now, in your opinion, a drug that has a 2,060 percent -- causes a 2,060 percent increase in spina bifida, should this drug have been removed from the market?

MR. BALL: Object to the form and the foundation and the argumentative nature of the question. It's unfairly prejudicial.

A. So my -- my thought was that when we learned

this drug was a -- was a powerful teratogen, that it would be removed from the market. And then it wasn't removed from the market. And I understood that there were some neurologists who felt like this drug was uniquely effective for some of their patients. And I could understand the reason of keeping the drug on the market for that limited group of people, but I would have thought that there should be an active campaign to decrease the number of fetuses that were exposed to it. And that could be done two ways. One would be to offer contraceptive advice, effective contraceptive advice to women who might be taking this drug and were sexually active, and the other would be to try to minimize the number of women who actually took the drug.

Q. (By Mr. Williams) And --

A. Women of reproductive age. Sorry.

Q. Do you think it should have been a drug of last resort?

MR. BALL: Object to the form, the foundation.

A. I would think that one should have demonstrated other drugs don't work in most circumstances.

Q. And you charge $500 per hour?
A. That is correct.
Q. And you charge $500 per hour, you live in Atlanta, we're taking this deposition here in Houston, you charge $500 per hour in traveling over here. True?
A. Yes.
Q. And you charge $500 an hour for your preparation?
A. Yes.
Q. And you have done this on other occasions in the past?
A. I have.
Q. And your total compensation to date from working with these lawyers is approaching $100,000. True?
A. It's approaching that, but I don't know exactly.
Q. Okay. But it's in that -- it's approaching that. True?
A. Yes.
Q. Now, and just so we're also the clear, you are here to talk about only the warning label that was in effect in 1982. That's the only label that you've

mentioned in your testimony here today. True?

A. That is true.

Q. And you have not and are not prepared to talk about the warning labels that Abbott had for 1992, 1996, 2000, 2002, 2004, 2006, any of those other times. True?

A. That is true.

Q. In fact, you haven't reviewed those and studied those to be prepared to talk about them in detail. True?

A. That is true.

Q. And you also have not been -- well, let me back up. You worked for the CDC, and that's a government agency as has been pointed out. Right?

A. That's correct.

Q. And that's a different government agency from the FDA. True?

A. It most definitely is.

Q. And the CDC, I think you've told us, looks into how to try to prevent disease. Right?

A. That's correct.

Q. And the FDA is in charge of drug safety and drug labeling and drug warnings. Right?

A. That is true.

Q. Okay. That's the FDA's job. Right?

A. That's correct.

Q. Okay. And in terms -- there was some discussion about the warning label that went out in 1982 to doctors. The FDA didn't ask you for your input about that label. True?

A. I don't remember, actually, but I don't have any recollection that they did, but we were discussing, you know, the risk factors over those two or three months before, but I don't remember having any input into the final.

Q. And so the -- but the final label that went out in 1982 after the data about spina bifida came out from France, that dear doctor letter and that label had to be approved by the FDA, not by the CDC. True?

MR. WILLIAMS: Objection. Foundation. I'm not sure the witness has any personal knowledge of this or knows about labeling regulations. I think he just established that.

Q. (By Mr. Ball) Let me ask it this way: The CDC had no role in approving the final label that was sent out in 1982. True?

A. The CDC is not the agency that approves and sends.

Q. Yeah, let's talk about Dr. Holmes' registry. He -- his -- his was started in 1996. Correct?

A. He worked on this problem from 20 years before and had a difficult time getting funding to set up those registries.

Q. But in 1996 various companies got together and have provided funding for the North American registry. True?

A. That is correct.

Q. And Abbott was one of those companies. True?

A. I believe that to be true, yes.

Q. And you said in your report that one of the key findings of that study is the comparison of Depakote versus other drugs. True?

A. Uh-huh.

Q. And you said that that information from the registry could have been known earlier if that registry had been started back in 1982. Correct?

A. Correct.

Q. All right. Can you tell me which antiepileptic drugs were on the market in 1982?

A. It's easy to find.

Q. Okay.

A. Okay. And some of those were and some of

bifida. Do you recall that series of questions?

A. I do.

Q. Do you have -- do you believe today that to convey to somebody that it's only 1 to 2 percent, which is less than the background risk for all birth defects, does that convey the potency of this drug when you ignore that it's a 2,060 percent increase for spina bifida resulting from exposure to valproic acid?

MR. BALL: Object to the form and foundation.

A. I think the relative risk and the percentage extension of that or restatement of that is much more meaningful in terms of communicating the increased risk.

Q. (By Mr. Williams) Okay. And you were asked some questions about you might disagree with a statement that -- from the Spina Bifida Association. Do you know whether that statement was intended for physicians or it was intended for donors?

A. I have no idea.

Q. And they've -- have you received the lifetime achievement award from the Spina Bifida Association?

A. I have.

Q. Is it important, sir, to be correct about